

## Continuous Glucose Monitoring (CGM)

Date of Origin: 02/2001

Last Review Date: 08/22/2018

Effective Date: 08/22/2018

Dates Reviewed: 04/2004, 04/2005, 03/2006, 11/2006, 12/2007, 03/2008, 09/2008, 04/2009, 02/2011, 04/2011, 05/2011, 04/2012, 02/2013, 01/2014, 06/2015, 07/2016, 07/2017, 08/2018

Developed By: Medical Necessity Criteria Committee

### I. Description

A continuous glucose monitor (CGM) is a minimally invasive device that is designed to measure and record glucose levels continuously and automatically in a patient. The device measures glucose values in the interstitial fluid of subcutaneous tissue. The goal of CGM devices is to record patterns of glucose levels and use these patterns to guide patient management and improve overall glycemic control. A continuous glucose monitoring device is an adjunct to supplement, not replace, standard home glucose monitoring. These devices are used in specific clinical situations. Examples of CGM systems are: Medtronic iPro Professional® Continuous Glucose Monitoring System (CGMS), Guardian Real Time Glucose Monitor (MiniMed), and the STS Monitoring System (DexCom).

**NOTE:** Short term continuous CGM does not require prior authorization. When continuous glucose monitors are for short-term (up to 72 hours) diagnostic use, no more than four glucose monitoring periods are considered medically necessary within a 12-month period. Additional short term monitoring periods will need prior authorization.

### II. Criteria: CWQI HCS-0021

**\*Medicare – refer to Noridian LCD 33822 Glucose Monitors**

A. Continuous glucose monitoring is covered for **1 or more** of the following conditions:

- a. Moda Health will cover **short term** continuous monitoring of glucose levels in the interstitial fluid via an implanted sensor for 3 days (72 hours) as medically necessary for members with type 1 or type 2 diabetes when **1 or more** of the following criteria is met:
  - i. Glycolysated hemoglobin (HbA1c) values greater than 6.0 and less than 8.5; **or**
  - ii. Wide fluctuations of blood glucose levels despite documentation of blood glucose testing (greater than or equal to 4 times per day) and insulin administration (greater than or equal to 3 times/day); **or**
  - iii. Unexplained frequent hypoglycemic episodes in a diabetic taking insulin; **or**
  - iv. Repeated hypo- or hyperglycemia at the same time each day; **or**
  - v. Episodes of ketoacidosis or hospitalizations for glucose out of control; **or**

- vi. Preconception or pregnancy with a history of suboptimal glycemic control; **or**
  - vii. Starting insulin for the first time or starting an insulin pump regimen
- b. Moda Health may cover long-term use of a continuous glucose monitor and related accessories and supplies if **ALL** of the following criteria are met:
- i. Patient has type 1 or type 2 diabetes; **and**
  - ii. Patient is on an insulin pump or on multiple daily insulin injections ( $\geq 3$  daily injections); **and**
  - iii. Patient has wide variations in blood glucose levels requiring 4 or more blood glucose monitoring per day with frequent self-adjustments of insulin dosage **OR** has a history of hypoglycemic unawareness; **and**
  - iv. Patient has completed a comprehensive diabetic program with a written statement from the ordering physician indicating that the patient (or the patient's caregiver) has sufficient training using the particular device prescribed
  - v. The patient is a good candidate for long-term use of a continuous glucose monitor based on the prior compliance and understanding of their diabetic regimen as evidenced by the treating physician providing a prescription for the appropriate supplies and frequency of blood glucose testing
  - vi. Within six (6) months prior to ordering the CGM, the treating practitioner has an in-person visit with the patient to determine continued medical necessity
- c. The request does **NOT** include **All** of the following
- i. The GlucoWatch is another device that measures interstitial glucose levels beyond 3 days. The use of this device is considered experimental and investigational and is not a covered item.
  - ii. Moda Health does not cover additional software that may be required for downloading data from a CGM to a computer for further management of member's diabetes. This is considered a convenience item and is not medically necessary.
  - iii. Moda Health does not cover combination devices such as a blood glucose monitor combined with a cellular telephone or other device not specifically indicated for the management of diabetes. These combination devices are considered convenience items and are not medically necessary
  - iv. Subcutaneous pocket and implanted continuous interstitial glucose monitoring device are considered experimental and investigational. There is insufficient evidence to support in peer reviewed medical literature.

### III. Information Submitted with the Prior Authorization Request:

1. Physician progress notes for the past six months
2. Documentation of completion of comprehensive diabetic program and sufficient training regarding specific device.
3. Evaluations and consultations related to the diagnosis
4. Laboratory reports including HgA1c
5. Blood glucose logs

**IV. CPT or HCPC codes covered:**

Codes	Description
95250	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout recording
95251	Interpretation and report
A9276	Sensor; invasive (e.g. subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, 1 unit = 1 day supply (not covered for Medicare)
A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system (not covered for Medicare)
S1030	Continuous noninvasive glucose monitoring device, purchase
S1031	Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor
K0553	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 Unit of Service
K0554	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system

**V. CPT or HCPC codes NOT covered:**

Codes	Description
0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training
0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision
0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation

**VI. Annual Review History**

Review Date	Revisions	Effective Date
02/2013	Annual Review: Added table with review date, revisions, and effective date. Added additional criteria for the MySentry remote monitor	03/1/2013

01/2014	Annual Review: Combined Type 1 and Type 2 criteria	01/22/2014
01/2015	Annual Review: No change	01/28/2015
06/2015	Added Medicare Criteria, ICD-9 and ICD-10 Codes, updated HCPC codes	06/24/2015
07/2016	Annual Review: No changes	07/27/2016
07/2017	Annual Review: Remove reference to devices that are not related to CGM, update CPT/HCPC codes, update to new template	07/26/2017
8/2018	Annual Review: Minor wording changes, added ICD10 codes	08/22/2018

## VII. References

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25. Physician Advisors

### Appendix 1 – Applicable ICD-10 diagnosis codes:

Codes	Description
E08.00	Diabetes mellitus due to underlying condition with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E08.01	Diabetes mellitus due to underlying condition with hyperosmolarity with coma
E08.10-E08.11	Diabetes mellitus due to underlying condition with ketoacidosis
E08.21	Diabetes mellitus due to underlying condition with diabetic nephropathy
E08.22	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease
E08.29	Diabetes mellitus due to underlying condition with other diabetic kidney complication
E08.311-E08.319	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy

E08.3211-E08.3219	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema
E08.3291-E08.3299	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema
E08.3311-E08.3319	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema
E08.3391-E08.3399	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema
E08.3411-E08.3419	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema
E08.3491-E08.3499	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema
E08.3511-E08.3519	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema
E08.3521-E08.3529	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula
E08.3531-E08.3539	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula
E08.3541-E08.3549	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment
E08.3551-E08.3559	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy
E08.3591-E08.3599	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema
E08.36	Diabetes mellitus due to underlying condition with diabetic cataract
E08.37X1-E08.37X9	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment
E08.39	Diabetes mellitus due to underlying condition with other diabetic ophthalmic complication
E08.40-E08.49	Diabetes mellitus due to underlying condition with diabetic neuropathy
E08.51-E08.59	Diabetes mellitus due to underlying condition with circulatory complications
E08.610-E08.618	Diabetes mellitus due to underlying condition with diabetic arthropathy
E08.620- E08.628	Diabetes mellitus due to underlying condition with skin complications
E08.630- E08.638	Diabetes mellitus due to underlying condition with oral complications
E08.641- E08.649	Diabetes mellitus due to underlying condition with hypoglycemia with/without coma
E08.65	Diabetes mellitus due to underlying condition with hyperglycemia
E08.69	Diabetes mellitus due to underlying condition with other specified complication
E08.8	Diabetes mellitus due to underlying condition with unspecified complications
E08.9	Diabetes mellitus due to underlying condition without complications
E09.00	Drug or chemical induced diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E09.01	Drug or chemical induced diabetes mellitus with hyperosmolarity with coma
E09.10- E09.11	Drug or chemical induced diabetes mellitus with ketoacidosis

E09.21	Drug or chemical induced diabetes mellitus with diabetic nephropathy
E09.22- E09.29	Drug or chemical induced diabetes mellitus with diabetic kidney disease
E09.311- E09.3499	Drug or chemical induced diabetes mellitus with nonproliferative diabetic retinopathy with/without macular edema
E09.3511- E09.3599	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy
E09.36	Drug or chemical induced diabetes mellitus with diabetic cataract
E09.37X1- E09.37X9	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment
E09.39	Drug or chemical induced diabetes mellitus with other diabetic ophthalmic complication
E09.40- E09.49	Drug or chemical induced diabetes mellitus with neurological complications
E09.51- E09.59	Drug or chemical induced diabetes mellitus with circulatory complications
E09.610- E09.618	Drug or chemical induced diabetes mellitus with other diabetic arthropathy
E09.620- E09.628	Drug or chemical induced diabetes mellitus with skin complications
E09.641- E09.649	Drug or chemical induced diabetes mellitus with hypoglycemia with/without coma
E09.65-E09/69	Drug or chemical induced diabetes mellitus with complication
E09.8- E09.9	Drug or chemical induced diabetes mellitus without complications
E10.10- E10.11	Type 1 diabetes mellitus with ketoacidosis
E10.21	Type 1 diabetes mellitus with diabetic nephropathy
E10.22- E10.29	Type 1 diabetes mellitus with diabetic kidney disease
E10.311- E10.319	Type 1 diabetes mellitus with unspecified diabetic retinopathy
E10.3211- E10.3499	Type 1 diabetes mellitus with nonproliferative diabetic retinopathy
E10.3511- E10.3599	Type 1 diabetes mellitus with proliferative diabetic retinopathy
E10.36	Type 1 diabetes mellitus with diabetic cataract
E10.37X1- E10.37X9	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment
E10.39	Type 1 diabetes mellitus with other diabetic ophthalmic complication
E10.40- E10.49	Type 1 diabetes mellitus with diabetic neuropathy
E10.51- E10.59	Type 1 diabetes mellitus with circulatory complications
E10.610- E10.618	Type 1 diabetes mellitus with diabetic arthropathy
E10.620- E10.628	Type 1 diabetes mellitus with skin complications
E10.630- E10.638	Type 1 diabetes mellitus with oral complications
E10.641- E10.649	Type 1 diabetes mellitus with hypoglycemia
E10.65	Type 1 diabetes mellitus with hyperglycemia
E10.69- E10.8	Type 1 diabetes mellitus with complications
E10.9	Type 1 diabetes mellitus without complications
E11.00	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E11.01	Type 2 diabetes mellitus with hyperosmolarity with coma
E11.21	Type 2 diabetes mellitus with diabetic nephropathy
E11.22- E11.29	Type 2 diabetes mellitus with diabetic kidney disease
E11.311- E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy
E11.3211- E11.3499	Type 2 diabetes mellitus with nonproliferative diabetic retinopathy
E11.3511- E11.3549	Type 2 diabetes mellitus with proliferative diabetic retinopathy

E11.3551- E11.3559	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy
E11.3591- E11.3599	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema
E11.36	Type 2 diabetes mellitus with diabetic cataract
E11.37X1- E11.37X9	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment
E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication
E11.40- E11.49	Type 2 diabetes mellitus with diabetic neurological complication
E11.51- E11.59	Type 2 diabetes mellitus with circulatory complications
E11.610- E11.618	Type 2 diabetes mellitus with diabetic arthropathy
E11.620- E11.628	Type 2 diabetes mellitus with skin complications
E11.630- E11.638	Type 2 diabetes mellitus with oral complications
E11.641- E11.649	Type 2 diabetes mellitus with hypoglycemia
E11.65	Type 2 diabetes mellitus with hyperglycemia
E11.69	Type 2 diabetes mellitus with other specified complication
E11.8	Type 2 diabetes mellitus with unspecified complications
E11.9	Type 2 diabetes mellitus without complications
E13.00	Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E13.01	Other specified diabetes mellitus with hyperosmolarity with coma
E13.10- E13.11	Other specified diabetes mellitus with ketoacidosis
E13.21- E13.29	Other specified diabetes mellitus with diabetic kidney disease
E13.311- E13.319	Other specified diabetes mellitus with unspecified diabetic retinopathy
E13.3211- E13.3499	Other specified diabetes mellitus with nonproliferative diabetic retinopathy
E13.3511- E13.3599	Other specified diabetes mellitus with proliferative diabetic retinopathy
E13.36	Other specified diabetes mellitus with diabetic cataract
E13.37X1- E13.37X9	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment
E13.39	Other specified diabetes mellitus with other diabetic ophthalmic complication
E13.40- E13.49	Other specified diabetes mellitus with diabetic neurological complication
E13.51- E13.59	Other specified diabetes mellitus with circulatory complications
E13.610- E13.618	Other specified diabetes mellitus with diabetic arthropathy
E13.620- E13.622	Other specified diabetes mellitus with skin complications
E13.630- E13.638	Other specified diabetes mellitus with oral complications
E13.641- E13.649	Other specified diabetes mellitus with hypoglycemia
E13.65	Other specified diabetes mellitus with hyperglycemia
E13.69	Other specified diabetes mellitus with other specified complication
E13.8	Other specified diabetes mellitus with unspecified complications
E13.9	Other specified diabetes mellitus without complications
O24.011- O24.010	Pre-existing type 1 diabetes mellitus, in pregnancy
O24.02	Pre-existing type 1 diabetes mellitus, in childbirth
O24.03	Pre-existing type 1 diabetes mellitus, in the puerperium
O24.111- O24.119	Pre-existing type 2 diabetes mellitus, in pregnancy
O24.12	Pre-existing type 2 diabetes mellitus, in childbirth



O24.13	Pre-existing type 2 diabetes mellitus, in the puerperium
O24.311- O24.319	Unspecified pre-existing diabetes mellitus in pregnancy
O24.32	Unspecified pre-existing diabetes mellitus in childbirth
O24.33	Unspecified pre-existing diabetes mellitus in the puerperium
O24.811- O24.819	Other pre-existing diabetes mellitus in pregnancy
O24.82	Other pre-existing diabetes mellitus in childbirth
O24.83	Other pre-existing diabetes mellitus in the puerperium
O24.911- O24.919	Unspecified diabetes mellitus in pregnancy
O24.92	Unspecified diabetes mellitus in childbirth
O24.93	Unspecified diabetes mellitus in the puerperium

## Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

Jurisdiction(s): 5, 8	NCD/LCD Document (s):
Noridian Local Coverage Determination LCD 33822 Glucose Monitors	
<a href="https://med.noridianmedicare.com/documents/2230703/7218263/Glucose+Monitors">https://med.noridianmedicare.com/documents/2230703/7218263/Glucose+Monitors</a>	

NCD/LCD Document (s):
Noridian Glucose Monitor – Policy Article A52464

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC